

Sustained High Prevalence of Diabetes in Hospital

Joanne E Taylor, Lesley V Campbell, Jane Ludington, Jerry R Greenfield

Introduction

- Approximately 1.2 million (6%) Australians have diagnosed diabetes¹ with a further 500 000 estimated to have undiagnosed diabetes.²
- Individuals with diabetes are hospitalised more frequently that those without diabetes.³
- Based on coded data, 10% of all hospital admissions include diabetes as a principle or additional diagnosis.¹
- Uncontrolled hyperglycaemia in hospitalised patients is associated with prolonged length of stay and increased risk of adverse outcomes.⁴⁻⁵
- Insulin is frequently used to manage hyperglycaemia during acute illness and is one of the top five high-risk medications used in hospitals.⁶
- Hospital-wide inpatient diabetes point prevalence surveys were conducted at St Vincent's Hospital Sydney on single days in November 2013, 2014 and 2016.

Survey Aims

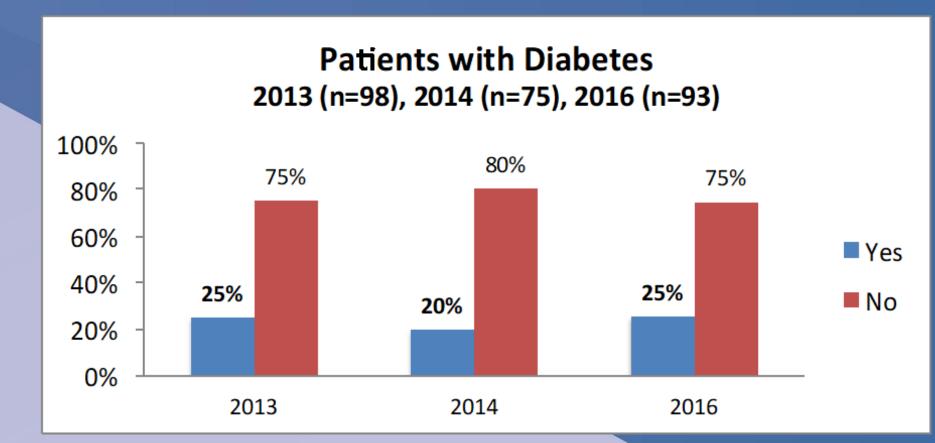
- 1. To determine the prevalence of diabetes at a Sydney Teaching Hospital in 2013, 2014 and 2016.
- 2. To provide diabetes management practice data to inform service planning and to document effect of improvement initiatives

Methods

- Healthcare records of all inpatients on 3 single-days were surveyed.
- An 18-item Inpatient Diabetes Survey form (adapted from the UK NaDIA Audit)⁷ was completed at the bedside.
- Twelve surveying teams, comprising two members each, completed the surveys.
- Teams consisted of a diabetes clinician and a ward-based clinical staff member.
- All surveyors attended a training session one week prior to the survey.
- All received a 'tool-kit' documenting the survey aims & methodology, the survey protocol and survey explanatory notes.
- Diabetes diagnosis was made if diabetes was documented in the healthcare record or if the patient was taking diabetes medication or if fasting blood glucose (BG) was ≥7mmol/L and/or if random BG was ≥11.1mmol/L and/or if HbA1c was ≥6.5% (48mmol/mol).

Results

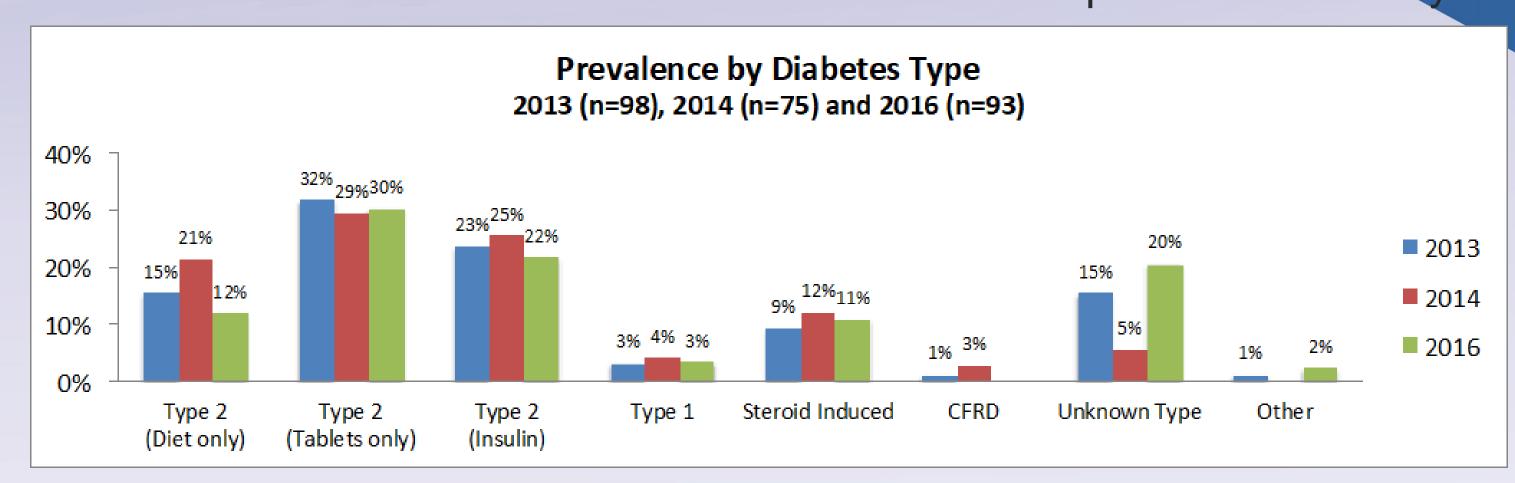
- All available inpatient records were surveyed in 2013 (n = 394), 2014 (n = 381) and 2016 (n = 368).
- The prevalence of diabetes was 19.7-25.3%.



- Of those, 12-23% were newly diagnosed with diabetes in hospital.
- The majority (63-76%) had type diabetes.
- Prevalence was highest amongst patients admitted under the heart/lung transplant (59%) and heart failure (50%) services.

Discussion and Conclusions

- Results of our surveys show that diabetes prevalence amongst inpatients is significantly higher than coded data suggests.
- One quarter of inpatients had diabetes, with almost half requiring insulin during their admission.
- Hospital admission is an opportune time for detecting undiagnosed diabetes and optimising management.
- Insulin is a high risk medication commonly used to treat hyperglycaemia in hospitals and prescription and administration error is common.
- Up to 15% of patients with diabetes experience hypoglycaemia during admission (less than those surveyed in the UK (20% in 2016).6
- Our data provides a basis for planning workforce, education and quality improvement activity in hospitals.



- The majority of patients were male 57-66% and the average age was 61-67 years (range 18-93).
- The majority of patients were admitted for reasons not directly related to diabetes (97-98%).
- Mean BG was 9.4mmol/L in 2013 and 9.3mmol/L in 2014 & 2016 respectively.
- Between 42-52% of patients with diabetes were prescribed insulin during their admission.

In the 7-days preceding the survey:

- 29-42% of insulin charts revealed more than one prescription or administration error.
- Prescription errors included: unclearly written doses, incorrect/incomplete documentation of insulin name or unsigned prescriptions.
- Administration errors included: insulin omission or insulin administered at the incorrect time.
- 11-15% of patients experienced hypoglycaemia (BG < 4mmol/L).
- 61-63% of patients experienced hyperglycaemia (BG > 11mmol/L).



From Left: Jane Ludington – Senior Pharmacist, Joanne Taylor – Nurse Manager Clinical Practice & Innovation, Prof Jerry Greenfield - Director Diabetes Centre and Head Department of Endocrinology.

Acknowledgements

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References

- 1. Australian Institute of Health and Welfare [homepage on the Internet]. Canberra: AIHW [updated 18 Jan 2018; cited 3 Feb 2018]. Diabetes. Available from: http://aihw.gov.au/diabetes
- 2. Diabetes Australia [homepage on Internet]. Canberra; Diabetes Australia [updated 2015; cited 3 Feb 2018]. Diabetes in Australia. Available from: https://www.diabetesaustralia.com.au/diabetes-in-australia
- 3. Jiang HJ, Stryer D, Friedman B, Andrews R. Multiple hospitalizations for patients with diabetes. *Diabetes Care* 2003; **26**: 1421-26.
- 4. Clement S, Braithwaite SS, Magee MF, Ahmann A, Smith EP, Schafer RG et al. Management of diabetes and hyperglycemia in hospitals. *Diabetes Care* 2004; **27**: 553-97.
- 5. Magaji V, Johnston JM. Inpatient Management of Hyperglycemia and Diabetes. Clinical Diabetes, 2011, 29(1), 3-9.
- Clinical Excellence Commission [homepage on the Internet]. Sydney: CEC [updated 2016; cited 15 feb 2018]. High-risk medicines. Available from: http://cec.health.nsw.gov.au/patient-safety-programs/medication-safety/high-risk-medicines/A-PINCH.
- 7. NHS Digital [homepage on the Internet]. Leeds: NHS Digital [updated 8 Mar 2017' cited 15 Feb 2018]. National Diabetes Inpatient Audit (NaDIA) 2016. Available from: https://digital.nhs.uk/catalogue/PUB23539.